



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF NARCOTICS AND DANGEROUS DRUGS

APPLICATION FOR MISSOURI CONTROLLED SUBSTANCES REGISTRATION

Name & Address - Information must be **TYPED** or **PRINTED**. Only 5 lines are allowed. Name must appear on the first line. The manner in which this information is placed on the application is the way your certificate of registration will read. Please use the address of Missouri office or practice location. **DO NOT USE** a P.O. Box, unless in conjunction with a street address. The name and address must correspond with those provided on the federal DEA application.

REGISTRANT NAME AND ADDRESS OF MISSOURI PLACE OF BUSINESS (INCLUDE ZIP CODE)

IF INFORMATION AT LEFT IS INCORRECT OR HAS CHANGED, PLEASE CORRECT BELOW.

1. _____

2. _____

3. _____

4. _____

5. _____

CITY

STATE

ZIP CODE

WARNING: Section 195.040 RSMo, provides that the registration of any person who furnishes false or fraudulent material information in an application may be denied, revoked or suspended.

INSTRUCTIONS FOR COMPLETING APPLICATION

1. Please **Print** or **Type** all entries in **black or blue ink**.
2. No registration may be issued unless a **completed** application form has been received **with fee (\$90)** as required.
 - Original signature is required.
 - Registration fee **(\$90)** is a processing fee and is **non-refundable**. **Locum Tenens pay (\$30)**.
 - An incomplete application will be returned for completion. This will delay processing.
3. Make check or money order payable to: **Missouri Department of Health and Senior Services**
4. Mail completed application and fee to: Missouri Department of Health and Senior Services
Attn: **Fee Receipt Unit**
P.O. Box 570
Jefferson City, MO 65102-0570

1. REGISTRATION CLASSIFICATION

- Check only one class of business activity. A separate application and fee **(\$90)** must be submitted for each business activity at the same or different locations.
- **Practitioners** - Practitioners with multiple office locations or practice sites need only be registered at one practice location unless controlled substances will be ordered, stocked or dispensed at each location; in which case, registrations are required at all locations.
- **Registered Professional Nurses** - May administer or dispense controlled substances under a written collaborative practice arrangement or supervision agreement. The collaborating or supervising physician must also register separately at the practice site to order and stock controlled substances, including samples.

(CHECK ONE ☐ ONLY)

- | | | | | |
|---|---|--|--|---|
| <input type="checkbox"/> MD | <input type="checkbox"/> DVM | <input type="checkbox"/> DPM | <input type="checkbox"/> OD (can only prescribe) | <input type="checkbox"/> Nursing Home Emergency Kit |
| <input type="checkbox"/> DO | <input type="checkbox"/> DDS | <input type="checkbox"/> DMD | <input type="checkbox"/> Retail Pharmacy | <input type="checkbox"/> Narcotic Treatment Program |
| <input type="checkbox"/> RN (may not prescribe controlled substances) | <input type="checkbox"/> Animal Shelter | <input type="checkbox"/> Teaching Institution
(instructional purposes only) | | |
| <input type="checkbox"/> Researcher | <input type="checkbox"/> Analytical Lab | | | |
| <input type="checkbox"/> Other _____ | | | | |

2. DRUG SCHEDULES: (Check all schedules in which you intend to prescribe or otherwise handle controlled substances.)

- ☐ Schedule 1 ☐ Schedule 2 ☐ Schedule 3 ☐ Schedule 4 ☐ Schedule 5

3. EXEMPT OFFICIAL

Check this box if applicant is a local, state or federal official or institution claiming exemption from fee. The address on the application must be that of the affiliated federal, state or local government entity. A registration fee is **not** required and Item 3 must be completed. **NOTE: Registering under a governmental fee-exempt registration limits the registrant's controlled substance authority to the governmental practice only. If a practitioner wishes to have controlled substance authority outside of governmental practice or site, they must pay the appropriate fee.**

☐ Check if exempt. Name of Governing unit. _____

4. LICENSURE STATUS AND HISTORY

APPLICANTS MUST ANSWER EACH OF THE FOLLOWING.

State license - A Missouri Controlled Substances Registration is based upon the applicant being in compliance with applicable federal, state and local law. Possession of a current Missouri license to practice your profession or conduct your business is required. **If you have applied for state license or a federal DEA registration and it has not been issued, complete question 4A & 4D with "pending".** If you are not required to have a federal DEA registration (nursing home emergency kit or non-prescribing veterinarian acting as an agent of another veterinarian) complete question 4D with "NA". Questions 4B and 4C must be answered. If either of the questions 4B or 4C are answered "YES," a letter of explanation and certified copies of court or appropriate documents must be attached to the application or be on file with the Bureau of Narcotics and Dangerous Drugs.

A. Are you currently licensed and registered by the state to practice your profession under laws of this state? ☐ YES ☐ NO

Enter Missouri professional license number, pharmacy permit number, hospital license number, etc. # _____

B. Has the individual applicant or any officer of the corporate applicant or any individual employed by the applicant having access to controlled substances pled guilty or nolo contendere, or been convicted of **any** violation of **any** state or federal law relating to the possession, manufacture, distribution, dispensing or prescribing of controlled substances? ☐ YES ☐ NO

If yes, attach a letter of explanation with certified copies of court documents. If you have submitted these documents to the Bureau of Narcotics and Dangerous Drugs in the past, please check "On File." ☐ On File

C. Has any state or federal controlled substances registration or any state professional license or registration held by the applicant or any application therefor or renewal thereof **ever** been surrendered, revoked, suspended, denied, restricted or placed on probation or is such action pending? ☐ YES ☐ NO

If yes, attach a letter of explanation with certified copies of administrative documents .If you have submitted these documents to the Bureau of Narcotics and Dangerous Drugs in the past, please check "On File." ☐ On File

D. Enter Federal number that has been issued to you by the Drug Enforcement Administration _____

E. Enter Social Security number _____ - _____ - _____ (See attached disclosure notice)

F. Date of Birth _____ - _____ - _____

G. Enter business or office phone number _____ - _____ - _____

H. County of business _____

5. SIGNATURE

The application must be signed by the following. **Practitioner:** individual applicant; **hospital, surgery center or nursing home:** administrator or chief executive officer; **emergency medical service:** physician medical director; **pharmacy or other entity:** pharmacist, officer, administrator, manager, or other person authorized by entity.

PLEASE TYPE OR PRINT NAME OF INDIVIDUAL APPLICANT	TITLE OF APPLICANT
SIGNATURE OF APPLICANT	
DATE APPLICATION IS SUBMITTED	

Upon receipt of an approved application and fee, a registration certificate will be prepared and issued within **15 business days**. If you wish to retain a copy of this application for your records, you may make a photocopy. Your cancelled check is your receipt.

NOTE: Once your Missouri Controlled Substances Registration is issued, an application is automatically sent to **you at your previously registered address** 60 days prior to your expiration date. In order to receive an application, you must keep your address current by notifying:

Missouri Bureau of Narcotics and Dangerous Drugs
P.O. Box 570
Jefferson City, MO 65102-0570
(573) 751-6321 or FAX (573) 526-2569

Change of address must be submitted to Bureau of Narcotics and Dangerous Drugs **in writing, allowing 15 business days to process.**

NOTE: If an application to renew is not received by the registrant 50 days prior to the registration's expiration date, it is ultimately the responsibility of the registrant to contact the Missouri Bureau of Narcotics and Dangerous Drugs for an application for a Missouri Controlled Substances Registration.

Social Security Number Disclosure Notice

The individual signing the application must provide their social security number pursuant to state and federal law.¹ Corporations are not required to submit a social security number. Practitioners such as physicians, dentists, veterinarians, etc., are registered individually and must provide their social security number even though their practice may be incorporated.

Failure to provide your social security number will require the return of your application to you for completion. Continued failure or refusal to provide your social security number is grounds for denial of your application.

Pursuant to state and federal law, licensing authorities must assemble your social security number with other relevant information (name, address, etc.) and supply the data to the Division of Child Support Enforcement of the Missouri Department of Social Services to be used in a database for the following purposes:

- (1) locating individuals who are under obligation to pay child support or provide child custody or visitation rights, against whom such an obligation is sought or to whom such an obligation is owed;
- (2) identifying whether an individual who owes overdue child support or who had failed to comply with a subpoena relating to paternity or child support proceedings holds or has applied for a professional or occupational license (under certain circumstances, a person who owes overdue support or fails to comply with a subpoena relating to the above-stated proceedings may be subject to an order of a court, after notice and opportunity for hearing in that court, suspending, withholding or restricting the person's license).

¹Senate Bill 361, 89th General Assembly, First General Session (1997); Personal Responsibility and Work opportunity